(Requestor's Name)	
(Address)	_
(Address)	—
(City/Chata Tis/Dhana #)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
/JUL 1 6 2012	
L. Se llers	-
L. GELLERS	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: Brogu	es Property "LLC) H	
0020			ed Liability Company	
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Rod Rega	an		
			Name of Person	
	Brogues I	Downunder		
			Firm/Company	
	621 Lake	Avenue		
			Address	
	Lake Worth	,Florida.33460		
		The state of the s	y/State and Zip Code	
	rodjregan@		for future annual report notification)	
For fu	rther information of	concerning this matter, please	e call:	
Rod	Regan		at (561) 4369741	
	Name o	of Person	Area Code & Daytime Telep	phone Number
Enclo	sed is a check fo	r the following amount:		
\$125.0	O Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Brogues Property "LLC"	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
	•
Principal Office Address:	Mailing Address:
621 Lake Avenue	same
ake Worth	
FL33460	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
Rod Regan	
Name	•
621 Lake Avenue	
Florida street addr	ess (P.O. Box NOT acceptable)
Lake Worth	_{FL} 33460
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	AHASS
(Somme	FIG. The later

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Rod J Regan
	621 Lake Avenue
	Lake Worth,FI 33460
	•
•	the data of filings (OPTION)
LE V: Effective date, if other than the fective date is listed, the date must	the date of filing: (OPTION to be specific and cannot be more than five business dates
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION to be specific and cannot be more than five business date
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTION to be specific and cannot be more than five business date and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and the specific and cannot be more than five business date and cannot be more than five business date.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of the following constitutes an affirmation of the filing and a manual false into the fection of the filing constitutes and affirmation of the filing constitutes and affirm	t be specific and cannot be more than five business da
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation up I am aware that any false interested in the constitutes are affirmation.	nbefor amauthorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)